į		PART B	- FEE(S) TRANS!	MITTAL	611	ELAR
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INSTRUCTIONS: This appropriate. All further, indicated unless correct maintenance fee notifica	form should be used f correspondence includir ed below or directed oth tions.	or transmitting the ISSU ng the Patent, advance or nerwise in Block 1, by (a				correspondence address as arate "FEE ADDRESS" for
CURRENT CORRESPOND	ENCE ADDRESS (Note: Use Bi	ock 1 for any change of address)	pan	e: A certificate of mail (s) Transmittal. This cer ers. Each additional pap e its own certificate of n	er, such as an assignme	or domestic mailings of the for any other accompanying ent or formal drawing, must
49715 CISCO - THE P.O. BOX 64064 SAN JOSE, CA	7590 04/30 LEN REID BROV 40 95164-0640		STEINER LLPI he Sta	Certifica creby certify that this Fe es Postal Service with s ressed to the Mail Sto smitted to the USPTO (:	ate of Mailing or Trans e(s) Transmittal is bein ufficient postage for fir p ISSUE FEE address 571) 273-2885, on the o	smission g deposited with the United st class mail in an envelope above, or being facsimile date indicated below.
2 14 62			/ 8 M	Monica Pizarro		(Depositor's name)
			007-100	MB		(Signature)
		CAMOS	J. J.	uly 27 , 2007		(Date)
APPLICATION NO.	FILING DATE	PADEMAP	FIRST NAMED INVENTOR	AT	ORNEY DOCKET NO.	CONFIRMATION NO.
09/410,511	09/30/1999		DARRELL SHIVELY		CISCO-1372	6966
TITLE OF INVENTION: AUTOMATIC HARDWARE FAILURE DETECTION AND RECOVERY FOR DISTRIBUTED MAX SESSIONS SERVER						
APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEI	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$0	\$ 0	\$1400	07/30/2007
EXAMINER		ART UNIT	CLASS-SUBCLASS	S MS/88/2807 NASSRENE 09308362 09418311		
BLAIR, DOUGLAS B		2142	709-225000	21 60s (Fine) 4690 MH 400		
1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Change of correspondence address (or Change of Correspondence			2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, Thelen Reid Brown Raysman & Steiner LLP			
Address form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.			(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.			
	less an assignee is ident h in 37 CFR 3.11. Comp		THE PATENT (print or ty data will appear on the p T a substitute for filing an (B) RESIDENCE: (CIT	patent. If an assignee is assignment.		document has been filed for
Cisco Tecl	hnology, Inc.		San Jose, CA			
Please check the appropr	iate assignee category or	categories (will not be pr	rinted on the patent):	Individual 🗓 Corpor	ation or other private gr	oup entity Government
	are submitted: No small entity discount p # of Copies	permitted)	 ab. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above) A check is enclosed. Payment by credit card. Form PTO-2038 is attached. The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 50-1698 (enclose an extra copy of this form). 			
5. Change in Entity Sta	tus (from status indicate		☐ b. Applicant is no lor	ger claiming SMALL E	NTITY status. See 37 C	FR 1.27(g)(2).

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